

Working in the Time of COVID-19 Oral History Project
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Robert Shauger
Certified Nursing Assistant (CNA), St. Michael Medical Center
Vice President and Steward, UFCW 21

Narrator: Robert Shauger

Interviewers: Conor Casey

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CONOR CASEY 00:00:15: Good afternoon. This is Conor Casey, Head of the Labor Archives of Washington and this is "Working in the Time of COVID-19 Oral History Project." Today we're here with Robert—how do you say your last name?

ROBERT SHAUGER 00:00:26: It's "Shaw-gur"; Shauger.

CONOR 00:00:28: Okay, we're here with Rob Shauger. Who is being interviewed— Where are you being interviewed from, Robert?

ROBERT 00:00:35: I'm actually at my house today in Bremerton, Washington.

CONOR 00:00:39: Bremerton. Okay. And it's January 15, 2021. I wonder if you might spell your name out, Robert?

ROBERT 00:00:51: It's Rob: R-O-B. And the last name is Shauger: "S-H-A-U-G-E-R."

CONOR 00:00:57: Thank you. And then I wonder if you could say how old you are, what your birth date is, and where you were born?

ROBERT 00:01:04: My birthday is June 16, 1969. And I was born at the San Diego Zoo in San Diego, California. (*laughs*)

CONOR 00:01:14: Wow, that's a great story!

ROBERT 00:01:17: It's a story.

CONOR 00:01:18: Okay. And we're trying not to make any assumptions. So could you tell us your preferred pronouns?

ROBERT 00:01:27: Oh, I'm a "he" or "mister."

CONOR 00:01:30: Okay, great. And what race or ethnicity do you identify as, and how important is your race or ethnic background to you?

ROBERT 00:01:37: I'm Caucasian, just like normal—everybody. And race doesn't matter to me. I see everybody the same.

CONOR 00:01:43: Okay. Can you talk about what social, political, ethnic, racial and religious communities are regularly connected with, if you find something that was really important to you?

ROBERT 00:01:55: I'm actually a sports official over here in Kitsap County. So I actually do high school and baseball and fastpitch. And I'm involved with basketball over here, too. And I've been doing that for like 28 years. So I have a big sports background over here officiating. A lot of people know me from that. And then I used to be a reserve police officer and I used to run a youth program over here at the Silverdale YMCA.

CONOR 00:02:20: Wow, great. Yeah, those are important things. And then, you mentioned that you live in— Did you say Bremerton?

ROBERT 00:02:27: Yes.

CONOR 00:02:28: Okay, great. And I wonder if you could say what your occupation or profession is now?

ROBERT 00:02:34: I am a Certified Nursing Assistant at St. Michael's Medical Center in the brand new Silverdale Building.

CONOR 00:02:41: Oh, brand new!

ROBERT 00:02:42: Yeah, brand new. They just opened up in December, and we moved from Bremerton to Silverdale. And I had been working there for 22 years.

CONOR 00:02:49: Wow. Okay. And so, have you been working in the same job for 22 years, too, there?

ROBERT 00:02:55: Yes.

CONOR 00:02:56: Okay. And how long have you been in that occupation? Was it also 22 years or?

ROBERT 00:03:02: I've been there probably about 25, 26 years. Okay. Where did you work before that? I worked at Belmont Terrace. It was a nursing home where I got my nursing qualifications for my CNA, and then I worked at a place called Ashley Gardens for a little bit. It's an Alzheimer's place. And then I moved to the hospital and I've been there ever since.

CONOR 00:03:24: Okay. And how long have you been a member of a union?

ROBERT 00:03:29: Actually, since— For 22 years, and I'm actually on the Executive Board for the union.

CONOR 00:03:34: Oh great! That was my next question!

ROBERT 00:03:36: I'm one of the vice presidents of UFCW 21.

CONOR 00:03:39: Oh, great. Okay, so you've probably heard about this project for a while.

ROBERT 00:03:43: Yeah.

CONOR 00:03:44: Okay. And have you served in the other offices in the Union over that history? I can imagine so.

ROBERT 00:03:51: No, I've only been on the Executive Board.

CONOR 00:03:53: Oh, okay.

ROBERT 00:03:55: I'm a Vice President. Yeah, I got elected on the Executive Board. So that's the only thing I've done. And then I'm a shop steward at the hospital, of course.

CONOR 00:04:01: Okay. And how long have you been a shop steward, and how long have you been on the "E-board"?

ROBERT 00:04:07: I've been off and on the E-Board for the 22 years. It depends on where it's at, and I've also been on the negotiating team for our contracts. Since— All 22 years, and I've been a shop steward for over 22 years. I got involved with the Union as soon as I got there, because it's important to be part of a bigger entity. (*dogs barking*)

CONOR 00:04:31: And then I wonder if you can— this is kind of a funny question, because I'm going to ask you if you could run me through a typical day of work before the pandemic. But the funny thing is, I don't know of anybody who has a "typical" day to work, but (*laughs*)

ROBERT 00:04:48: My typical day is still the same, it just depends. The only thing that's changed is, I go to work every day, and I'm an essential worker, of course, and I do direct patient care. So, as my job as a CNA, I do vitals, I help do bed changes, I transfer patients to and from the bathroom. Basically, I do everyday patient care. I help them bathe, I help them do their dailies, but I work graveyard shift. So a lot of it's at nighttime, so I set them up in the morning, get ready for that. And then I'm on the surgical floor. So I do post op stuff. So sometimes we have post op patients that I do vitals on, and I have to keep track of, make sure the vitals are kept and make sure the eyes, nose are correct. And so my everyday patient care, the only thing that's changed since the pandemic came in is now we're having to use PPE all the time. And it depends on what kind of patient I have, if I—I already had some kind of isolation patients for C. diff, and different things like that where everybody had gone up. Now I have to watch out, we need to watch out for the COVID patients because we do get an occasional COVID patient on our floor. And that's a whole different story with the N-95s and the PAPRs and the CAPRs that we use. So that's how it's really changed is: It depends on what kind of isolation— We're wearing masks, and we're wearing eye protection all the time. And now it depends on what kind of isolation before you go into rooms. The other thing is, is when we were in Bremerton hospital, we had cohort rooms, so we had two people in a room. And now with a new Silverdale Hospital, every room is a private room. And every room has a capability of a negative airflow, which is pertinent for the pandemic.

CONOR 00:06:36: Well, you mentioned some of the ways things have changed, then. Can you think of other ways that your—both your work and your personal life has been disrupted or impacted by the pandemic?

ROBERT 00:06:45: Well, I know that my personal life, my passion is Kitsap County sports, youth sports and everything. And with not having been able to do sports right now, it's been really, really hard. The WIAA [Washington Interscholastic Activities Association] did— just announced the other day that we're

gonna probably go with our high school season. We're gonna start with football, it looks like on February 1, possibly. So hopefully, we start getting kids back into school and we hopefully will get some youth sports going. Because I think it's really important because with our kids sitting at home with just the Zoom kind of stuff for school and all that, I don't think they're getting out and getting physically fit like they should be. And it's a real problem.

CONOR 00:07:24: It sounds like you probably were working the whole time because you were designated [an essential] worker. Is that correct?

ROBERT 00:07:31: Yeah, my— During that whole pandemic thing, our hospital came down with an exposure of over like 100 people. So workers were out of work. We had like 76 workers that went out. And my floor was one of the ones that were infected, and I ended up having to work extra. I'm still—with this pandemic thing going on now—I'm still working extra shifts and everything and extra hours because we don't have enough staff to cover because we still have people going out with COVID every so often. And with the new hospital, it's hard to get nurses—extra nurses and extra staff, because we used to get travelers that come in. But with this pandemic going on travelers are going everywhere, because everybody needs help right now.

CONOR 00:08:18: You've touched on this: Did you ever feel like your health was in danger or threatened on the job?

ROBERT 00:08:27: They tested us when the pandemic came out. And then, I was really sick in February. And so I actually got an antibody test probably about three months ago, and it came out positive. So I think before the pandemic came out in February, I thought we had flu-like symptoms, but they said it wasn't the flu. But I think I actually had COVID— Well, I definitely had COVID at some time because I had the COVID antibodies. And since then, I've actually had— I get tested periodically, like every two, three weeks— depends on our floor, and then I did just recently get my second vaccination shot. So I am vaccinated now.

CONOR 00:09:06: Oh, congratulations! That's great.

ROBERT 00:09:08: Thanks.

CONOR 00:09:10: Did your employer, were they able to provide personal protective equipment at the beginning of the pandemic?

ROBERT 00:09:17: So the personal— Yeah, at the beginning, they didn't really. They were kind of hoarding it. And myself and another nurse, when this outbreak happened, we actually are the ones that came out on the news against our hospital! I was on channel—on all the major news channels and NPR and everything. So I was involved in that whole thing and bringing out that, along with Senator Emily

Randall came on with us and we went on a press conference with our union. Emily Randall, myself and Cindy Frank went on a press conference and we brought knowledge to the people outside the hospital that we weren't getting proper PPE. They weren't giving us the proper mask, and we were having to use the same mask over and over again kind of thing. And there was a contamination kind of thing going on, and it just wasn't right. So the Health Department, Labor and [Industries (L&I)], and everything came into our hospital and they noticed it, and they ended up having to change the way things are done. And now we are getting the proper PPE that we need. It took me and another person and coming out and saying, "Hey, we're not getting a proper— This is why this is happening." But we finally, in the end, I feel more confident for myself and my co-workers that we got the proper PPE from the hospital now.

CONOR 00:10:37: What was the process of you surfacing that issue? Like with the union? How did that evolve?

ROBERT 00:10:45: So we were actually under contract negotiation at the time for the pro techs. So we were actually working towards that and trying to get more PPE. And we were working towards the hospital. So we've already been working with the union trying to get more PPE and the hospital said they couldn't get it. So we were working with the Health Department and our union was working with it, too. *(dogs barking)* We're working with different—dentists and stuff that weren't working, and we're trying to get their PPE to bring into the hospital to donate it to the hospital. So we already had started the whole thing, but then when the pandemic hit, it just made it so it was easier for us to get our word out and, and tell our story.

CONOR 00:11:21: Were there any strategies like people bringing their own PPE to work? Or how did y'all get it?

ROBERT 00:11:27: People were bringing their own masks, we were—because we were allowed to wear regular masks. And then they made it so you can't bring your own mask in, you have to use their paper masks. And you had to get your temperature taken. Like now, every day when I go into work, now I have to answer a couple questions. They ask me if I've had any symptoms or anything, I have to use hand sanitizer in front of the person, put a new mask on. And then there's a thermometer thing that you look, your face goes into, and it tells you, "Welcome." And if you don't have your mask on, and you look at the thing, it says, "Please put on your mask." It tells you that. So it reads your face and everything, it reads your temperature and it tells you that you're good. It tells the person behind the glass that you're good so you can move on with your day.

CONOR 00:12:08: How did your work responsibilities change with COVID in terms of all the sanitation and washing hands and wearing or not wearing PPE?

ROBERT 00:12:18: So we're more aggressive on wiping things down. We have a timetable where you're supposed to wipe your area down every two hours with these bleach wipe things that they have. We

have different kinds of wipes and stuff. So we're wiping down our area more, we're wiping down our screens, we're wiping down our computer screens, we try to keep it— So I work graveyard shift, there's only limited people. So we like to try to stay on the same computer and everything. So it's your work area. So that way, it's more sanitary. And I know that it's me that touched that the last time and I'm using this scanner thing so— And then, with my equipment, every time I go into, we try to use the same equipment in each room, if we get enough where my vital stuff is in the room and I wipe it down at least twice, three times a shift. There's keyboards that we're sharing in there, we wipe them down. As soon as you're done, I wipe it down after I'm done scanning the patient and typing in there. But it's gone to where we're more aware of what's going on. And we're cleaning up our areas or cleaning more than we would normally.

CONOR 00:13:28: Can you walk me through how the staffing at your hospital changed in terms of the workload in the workplace from Spring, to Summer, to Fall and now Winter?

ROBERT 00:13:39: So with Spring, there was nothing really going on until we found out about COVID. And then we kind of upped our stuff because we didn't really know about COVID. We didn't know really what it was. We were kind of hearing about it, and we were saying over in Asia and stuff like that, working its way this way. And we kind of learned as we were going and learned what we needed to do. So we were doing the same thing patient-wise in the Spring, and then Summer came around and we started watching out more and using more PPE. But we didn't have to use the masks or anything. And then they started saying, "Hey, we need to use masks." So we started using our own masks, or the paper masks that they had, the ones that they issued. And then it seemed to go from there it progressed on to, "Hey, you need eye shields now, because they're saying that this can go through any little orifice kind of thing. It can go through your nose, your mouth, your eyes." So it's an [airborne] thing. So the patient care and staffing kind of stayed the same through there. And then it kind of went lower. We weren't getting it staffed as well as we were because we're not getting the travelers like I said. Because there were other hospitals hit bigger and they were hiring more travelers and it's hard to get travelers to come. [With] the nursing programs, and the CNA programs that are with the State of Washington right now, they're limiting the test because they can't do the testing. So we're not getting as many nurses and CNAs that are certified. CNAs are the ones that are really getting hurt, because you have a whole bunch of registered ones that can work in nursing homes, but you can't— They don't have the certified ones that can come and work in the hospital. So, with this pandemic, it's harder to get testing and harder to get the staff that you need. So our staffing levels are going down and there's more patients now. It was less patients but with COVID going on right now, I think we have currently like 24 patients. We have a whole floor. The whole fourth floor has 24 beds and it's all COVID patients. It's all negative airflow on that on that floor, and it's all COVID patients right now. And then there's a couple COVID patients even on other floors. We have— They've cancelled surgeries right now, because we have so many medical patients at our hospital right now. They're talking about canceling surgeries till March 1 of 2021—elective surgeries— emergency surgeries are still going to go. So right now on my floor, there's probably like 11 surgeries, but the rest are medical. And we have a lot of— We have like four people

that were on the COVID floor that—they've done their 20 days and they don't have the fever anymore, but they still are going to test positive for COVID because they had COVID, but they're on our floor. So we're treating them as isolation, but they're not on the COVID floor anymore, they moved up to other floors. So there could actually be more than 24 patients that actually have COVID. But they're not showing; they're asymptomatic right now.

CONOR 00:16:48: What was it like to try to move a hospital during a pandemic?

ROBERT 00:16:52: You know, it was a long day. I worked that day. I wasn't even supposed to work that day, but I volunteered to come in because I'm a superuser. That's the other thing: I like to have my hands in everything. Because I'm kind of one of those guys— If I don't know what's going on, I kinda just get flustered. I'd rather be in the loop than out of the loop. So I purposely— They asked if I wanted to become a superuser and I trained. So I was training everybody on the new computer systems, the new phone systems, because we went to a whole— Epic [electronic health record system] went bigger. So we're on Epic, but Epic went bigger. They went to the upgrade on Epic. And then we also went to this phone system work through Hillrom. Now every time I go to work, since we moved here in December, I actually pick up an iPhone, and the iPhone does all the [?collates?] and everything. So my workload goes on this iPhone, and I can actually use Epic on my iPhone. I can actually chart on my iPhone in the room and use this phone and it's a communication device between us. So: Say I have a patient in room 812. I can go to that patient and 812, it'll pop up. I can push it on that person, and the nurse, the doctor, myself, the pharmacist that's working, the lab tech that's working, the radiology tech that's working, everybody that has patient care comes up on that phone, and I can push a button. I can text the individual person. So if someone needs pain meds in that room, I can text the nurse, say, "Hey, 812 needs pain medication." So our electronics and stuff are getting bigger and better and it's getting easier, but we had to learn a lot to get there. And, of course, moving to a new hospital had glitches, but they actually had this thing—they were practicing for months on. They had 50 like ambulances working people so they were moving people individually. We started at five in the morning on a Saturday morning. So they did it on a Saturday so there was less traffic out, so there's no shipyard traffic or anything. And they started bringing in— They had people waiting and taking at both ends. And the ambulance would pull in, they would actually roll the patient on their journey, put it right in the ambulance, and take it and then take it right to the new bed. So all the beds in Bremerton stayed in Bremerton. All brand new beds and all brand new equipment over there. And so there was half the staff there— half the staff were in Bremerton, and half were in Silverdale. And they would call report and take them and do that, and then they had new people there. And it only took— I think they were done by five in the afternoon, if not earlier, and they had to transport probably about 180 people. And they did the critical care people first. They did it strategically, and they moved the COVID people last so there wouldn't be any contamination in the ambulances or anything. But they would get done, they'd transport, they'd clean the ambulance, and go back and do the next thing. So it was a really interesting thing. But I was there most of the day because I was helping. As a super user, I was helping with the computers because people— New computer stuff. We got new technology and new beds and everything. We have new bed boards that

automatically pop up. And I can see who's calling from there. I can see if their bed alarms are on, I can see if they're out of bed, I can see if they're in the bed, just because of the way that the bed sensors work along with the new hospital.

CONOR 00:20:16: You mentioned Epic. Does that stand for something like "Electronic Patient Information Communication"?

ROBERT 00:20:21: Yeah.

CONOR 00:20:22: Oh, okay. How many total beds can you all have in the hospital, total?

ROBERT 00:20:29: I think we're over 200 now.

CONOR 00:20:31: Okay. And then, did you all ever run out of beds because of COVID?

ROBERT 00:20:35: So right now, they're bedding people in the ER. We have a really big ER. We have a 50 bed ER right now, and it seems like they're boarding anywhere from 20 to 25 patients at a time in there because we're that full, and that's why they canceled elective surgeries.

CONOR 00:20:56: Did you ever receive hazard pay, or your colleagues, as a result of the pandemic?

ROBERT 00:21:00: No. We got a check. It was a— It wasn't a "hazard pay." They called it a "you've worked here for a while bonus" kind of thing. That kind of thing. It wasn't called "hazard pay." Because we've been trying to get hazard pay, and it's been really tough because— They're giving it to the essential grocery workers and everything but they don't want to give it to the healthcare workers because they're saying, "It's part of your job. You shouldn't have to—." Yeah.

CONOR 00:21:35: You mentioned how you and your co-workers have responded and did an action relating to the PPE. Did you all ever do anything in relation to the Union for any other issues that came up during the pandemic?

ROBERT 00:21:49: We actually did a drive-by by the hospital because of PPE! Us and the doctor's clinic together, because the doctors clinic— We had people making their own PPE out of garbage bags at the doctor's clinic in Bremerton and Silverdale. They were making their own because they weren't being supplied. And they're part of the Franciscan Group, too. So it's all CHI Franciscan. So we kind of did a joint thing one day, and we did a drive-by. We had a big caravan, and we wrote on our windows and we probably had like 30 cars that went walking by, honking horns by the hospital and by the doctors clinic. And we did a little action like that. And there were some city council people from Bremerton and city council from Belfair—they were part of our caravan too, because our city leaders are actually looking to help us. And we've done other actions too, because there's been a couple of us that because of

the PPE problem also, I was actually talking to the Bainbridge Island City Council, I went on a virtual meeting with that, and we brought the topic up, and got them to sign off on a form saying, "Hey"—sent to the hospital saying, "Hey, the Bainbridge Island is really looking at PPE." And we're trying to get Bremerton to do the same thing. We've talked to their city council. And we've talked to legislators and stuff in our area—we're trying to get them on board with us because PPE is very important. And, like I said, Senator Emily Randall has been a real champion with us doing this.

CONOR 00:23:16: Can you talk about how management has responded, both to this and in general to the pandemic, both at your hospital in the Franciscan group?

ROBERT 00:23:27: So, management now, they were saying that it didn't have the PPE in the beginning and everything like that. Then our outbreak happened, and then we went— that and then the news media started getting in there. Of course, the state L & I got involved, the Kitsap and the State Health Department got involved. And since they got involved, things turned around really rapidly. And they had an overabundance—they kind of were stashing stuff because they thought the pandemic was going to hit bigger in September. So I think they were kind of trying to save their reserves. But after they realized what they were doing was wrong, they kind of tried to fix the situation. So, like I said, we pretty much have what we need at any time. The only bad thing is the companies that are making the masks, they only make limited numbers and everything. So I've had to be fit tested for an N-95. I'm on my sixth fit test already. So I've already gone through six different kinds of masks. Yeah, so it's— that's where some of the problem is. There's a lot of us that have different numbers that we've had now. I'm on 1185 mask, and I have to wear— That has a ventilator on the outside, so I have to actually wear a regular paper mask over the ventilator on that mask. And you can't bring any of your own outside. If it was me, I could go buy those respirators with the with the screw on things and change them or whatever, but they won't let any outside stuff in because they want to make sure that you're wearing the right proper stuff and you can't say that you weren't given the proper PPE.

CONOR 00:25:10: So it sounds like y'all make connections with Bremerton, and Bainbridge City Council and legislators, and Emily Randall. Were those existing relationships, or did you create them because of the situation?

ROBERT 00:25:24: We've had a really good connection with City Councilperson Leslie Daus down here. She's been a real champion with us. And we've worked with the Bremerton City Council on other things. We tried to keep 85 beds in Bremerton when they were building this Silverdale Hospital. And they were real champions to come in and help us at the time. And Emily Randall has been on board since she's kind of come in there. And we have a new senator that we've been talking to, and we're hoping Tarra Simmons gets on board with us, and she seems to be really wanting to help us.

CONOR 00:26:03: Do you happen to know how your conditions have compared to non-union workers in your industry?

ROBERT 00:26:11: You know (*sighs*) I'm not sure I know that Gray's Harbor is a public hospital. And I know that they're hurting also. And there's other ones. I really don't know how they're doing with their stuff. But I think they're having a hard time getting this stuff also.

CONOR 00:26:33: How did it feel— It sounds like when you first got sick, you didn't know necessarily that it was COVID. And you found out later. What was that like? To discover that you had already had it?

ROBERT 00:26:43: Well, it was really funny because, like I said, I had the flu symptoms and everything. It was Valentine's Day and I was really, really sick. And I just couldn't figure out what it was. And we did the flu test. And they're like, "It's not the flu, but it's got flu-like symptoms and everything." So we went on and everything, and that COVID outbreak hit our hospital and everything, and I was still working and I was coming up negative or whatever. I was just like— Since I do kids' sports and everything, I just said to my doctor, "Hey, I work at the hospital. Remember when I was sick back then?" I said, "Can we just do an antibody test to see if maybe I had it, just to see because that gives me (*pauses*) a little bit..." I don't know if you can get COVID twice. We're not sure if you can get COVID twice, but it gave me a little bit of relief knowing that I had the antibody and it makes it so (*pauses*) I know that I've had it and that I might not get it again. It gave me a little bit of relief, knowing that. But you never know with the COVID. Nobody knows really.

CONOR 00:27:50: That's interesting. So it must have been after the point where— At the beginning, they weren't giving anybody any tests unless you had been to China directly, right? So it was that after that or—

ROBERT 00:27:59: Yeah. So it was February 14 that I had it and we didn't even start thinking about COVID 'til March. I think it was the end of March, early April. And then it was kind of weird. But yeah, after the outbreak in our hospital, they tested everybody on my floor. We got tested every week for like a couple weeks.

CONOR 00:28:22: Have you seen any ways in which your neighbors or friends and family are helping each other or helping you during the pandemic because of the shifts and in society right now?

ROBERT 00:28:35: We're helping each other at work. I know that. We've had some people come out— There's a couple people at work that had babies this year and everything, and not being able to work, and they got put out for COVID and stuff. So we've kind of drawn together to make sure that their families had a good Christmas, donating stuff, and our union had a couple— They asked about people that needed help, and we gave a couple \$100 gift cards to some people to help them out during the Christmas time. My neighbors here are pretty—we know each other for years where I live, and we've helped each other out and kind of thing. They would check on us every so often, but my wife also works at the

hospital, so we both are there. And with this pandemic, people they— "Hey, how you doing?" that kind of thing, and they're pretty excited that I got the vaccine. (*laughs*)

CONOR 00:29:39: Yeah, congratulations.

ROBERT 00:29:40: Yeah, yeah.

CONOR 00:29:42: What's been the most challenging part of life during this time?

ROBERT 00:29:48: Short staff has been challenging. I've been working long hours. I've been really tired and everything and it's been long hours. My insulin pump (*laughing*) Working long hours and everything— It's, it's tiring. But it's worth it because I know in the end that I'm helping people out. And it's been challenging that way. Just not being able to get out and do what I want to do.

CONOR 00:30:29: Were your union meetings online before? Did you transition to that, and what was that like?

ROBERT 00:30:34: We were. We were. So, the way our union meetings work is they're held in Seattle. So a lot of the Seattle people go there, but we have an office in Silverdale. So there's three of us that go to the Silverdale office and we usually Zoom through that way. So we were kind of already doing it, because there were three of us over here. And we were doing online because we didn't have to go to Silverdale. I mean, I didn't have to go to Seattle. But quarterly we go over to Seattle, because I am also on the— what was it called? Healthcare advisory board for the union. So we meet three times a year, four times a year. And a couple of meetings, I go over to Seattle, and I stay there all day, and then I come back. But we normally are zooming from—the office over there or— not zoom. We have a teleconference thing with the TVs and so we were already doing that. But now we're down to a Zoom thing and I kind of hate zoom a little bit, but I kind of like zoom. (*laughs*) Because we were doing our negotiations because we were negotiating our contract. And it was like a nine hour, ten hour days on zoom. And it was like, whoa.

CONOR 00:31:45: Did y'all negotiate the contract during this time?

ROBERT 00:31:48: Yeah, we were negotiating, we were in contact contract negotiations, our contract expired in April last year. So we were actually starting our negotiations, and we were going via zoom the whole time.

CONOR 00:32:04: What was that like, trying to get you to contract during this time?

ROBERT 00:32:08: It was definitely different. Yeah, it was doing Zoom, and then we were— All the paperwork, we'd get the stuff, and then you print it off your printer. I have a big book that is just huge

that we negotiated. I'm marking stuff out and you're taking notes at home. I actually went and bought a table, one of those long tables. So I could sit in front of the couch and everything because my wife would be at work. And I would sit in front of the couch, and I'd have everything spread out and have my zoom thing. And the funny thing is, I actually rigged my iPad up to my TV. So it was bigger— I bought this adapter thing. So I had this big cord that went up to the TV, and I could actually see it on my 60 inch TV. So it kind of helped. But you still have to use the camera off of this, but it would be up on the thing. So I could see a little better. But I'd have everything spread out. And it was kind of interesting. hHd to have the printer, I had a three hole punch. I felt like it was an office building.

CONOR 00:32:09: Did you feel like being essential workers in a pandemic gave you any leverage for the contract?

ROBERT 00:33:20: At the end, it felt like it did. I think they were—because we actually only—we finished our contract. We finally negotiated it in October. We were originally supposed to move to the new hospital in November. And it seemed like, at the end, they were like Hey, we just want to get this done. Because we get this big move coming up. We need to do that. So, with the move and being in a social worker kind of thing at the end it kind of Hey, we just— it seemed like the last day just went boom, boom, boom, boom, boom.

CONOR 00:33:57: Were you and your wife worried about losing housing at any point during this thing?

ROBERT 00:34:01: No, because we were working the whole time. If I wasn't working— One of my brothers works at Costco. So he's kind of an essential—he does that Lynwood but my other brother is a restaurant cook and they close down. So if it wasn't for them giving that extra \$600 or whatever, plus unemployment, he probably would have not made it the way they would normally do. So that extra \$600 really helped him out. Of course, being an essential worker, we didn't get to see any of that. *(laughs)*

CONOR 00:34:39: That's a good point. I hadn't thought about that. Yeah.

ROBERT 00:34:41: Yeah. Everybody that wasn't working and everything, got extra money and everything. And even the essential workers that were in the grocery got extra money, but none of the health care workers got extra money, and were the ones that were working with the COVID and working—it just doesn't make sense. You think the government, even, would look at that and say, the state of Washington, "Hey, maybe we should see—these essential workers that are working in the hospital." We have to pay licensing so they know who the essential workers are because I have to buy a license every year for \$100. So why don't you run off that license thing and say, "Hey, here's like a \$500 gift? We're doing this for the unemployment, maybe we can get some of that out of the budget where they can send it." or, "Hey, we're gonna cover your license this year, you don't have to pay for your license, because you're an essential worker, and you're helping out the state." I mean, that's \$100

CONOR 00:35:36: Did you have an increase in hours during this time?

ROBERT 00:35:41: So the way my hours have been— Normally, I work four eights, I get 32 hours a week. But I've been averaging about anywhere from 48 to— I'm averaging extra a week. And they're paying incentive pay right now to have you come in and work extra. So that's where we're at right now. So, since November, I've been working more than I normally would. And if it was like regular—I only work the four days a week because I'm usually doing high school or college football or something on Fridays and Saturdays. So I don't work Fridays and Saturdays at all because I—and I've been there so long that I'm kind of the senior person on my floor. And it's a community service that looks good for them, too.

CONOR 00:36:31: Yeah, so I would imagine that you probably like professional sports, too. And so all these games are gone in terms of your, the stuff you work with. And then also that as an entertainment source. So how has that changed your social life?

ROBERT 00:36:47: Yeah, it's been, it's been really rough. We've actually, my group of football officials, we still meet the first Tuesday of every month. And we're actually going to start meeting up again, because our season is going to start here pretty soon. So I think next week we start our every week meetings again to get ready for football. And I just took my football—my state football—test because it just came out. So you have to take an actual test and everything. So, I was pretty excited about that. I got in the books and got some of the tests done and got my clinics done. So I'm getting a little bit more and more. And I miss out on regular football season. We have a thing called Huddle that we have, and I can watch any of the games that are covered by our schools. And I can watch games and watch stuff because I help watch a lot of our officials because I help train new officials and everything. I can actually watch what an official does and help correct things—so I'm missing out on some of that, too, because it's part of the thing I like to do. I like to help other officials get better. And we kind of cut that out right now.

CONOR 00:37:52: Have you or you and your wife together done any socially distant events with friends or family or done stuff online with friends or family?

ROBERT 00:38:03: Not really. We've done some birthday things. Our daughter lives with us in Clayton, New York. So we actually got lucky. Her husband works in Canada and he had to quarantine for two weeks and then he had to stay up in Canada for six weeks for his job. So she actually came out here with my grandson. So my grandson was here for a month and a half. So it was pretty nice to see him and my daughter here, but then they had to go back and you know, quarantine for 14 days. But that helped with some of the steps—getting to see my four year old grandson, hanging out with me. So that helped. And usually during the summer— We go back there in July every year because I go back to Cooperstown and I umpire in Cooperstown for a week every year in July. So they have 114 tournaments and it's a Little League World Series kind of thing. It's during induction, the induction weekend. We go there, I live in a dorm with 104 other umpires. Each team brings an umpire with them and you do games all week for a

week. And it's something I've been doing for the last four years. And they don't pay to do the games. I get—the team that I go with pays for my travel. But it's just an exciting week and I get into the Hall of Fame for free. You get all the excitement there. So I got to go to Edgar [?Martinez]'s Hall of Fame induction ceremony a couple years ago and I went to [Ken] Griffey [Jr.]'s a couple years ago also. So it's pretty nice. But I missed out this year. We didn't get to go because they canceled it.

CONOR 00:39:40: Has this time impacted your ability to get food that you prefer, like stuff that you'd think of as a part of your culture or family's history?

ROBERT 00:39:49: No, we're just a normal steak and potato kind of thing. It's just that: steak, potato, pasta. There really isn't anything that I've missed out on.

CONOR 00:40:00: How else has this time impacted your sense of personal well-being?

ROBERT 00:40:12: Like I said, I'm not getting out as much as I was. That's kind of where I would be out doing some sporting stuff every day. And it's just making it so you're becoming more of a hermit. And I've gained a little bit of weight from this. I need to get back out and— I'm jonesing to get back out on the field and really try to get out there and do some stuff.

CONOR 00:40:37: I wonder if you can talk—walk me, from the time you wake up to the time you go to bed, of what a typical day is now, post pandemic?

ROBERT 00:40:47: So right now I get up. Well, my days are different because I work nights. So I get up at 10 o'clock at night, I have to be at work at 11. So I'll get up at 10 and I shower and everything and then I'll end up going to work—make my lunch or whatever, go to work. And then I'll work from 11 'till 7:30 in the morning, and I usually come home, shower, and then I'll take—I'll usually sleep for a couple hours. If stuff's going on where I'm officiating or something, it depends on what time— Usually I get up about one or two, then I'd go officiate. But, right now, I'm getting up at like two or three, kind of doing my daily stuff—I need to go to Costco, go to Safeway, go to Walmart, kind of do your running around. And then I usually lay down between seven and eight and take a little nap before I go to work. So sometimes when I get home at eight, I might catch a show that I recorded because I'm usually sleeping when the— I'm a big Survivor fan, (*laughs*) and Amazing Race. So if it's one of those things, I come home and watch Survivor or Amazing Race real quick. And it helps with you [? dub in ?] commercials, goes faster. But that's a typical day.

CONOR 00:42:03: Thanks. Because of your connection to the healthcare industry, did you play a role in your community or your friends and family and helping them understand the pandemic as somebody who understood it better?

ROBERT 00:42:15: I've had questions from people. You're always gonna have questions and that in—especially coming out kind of thing. I've had groups reach out to ask about different things. And I've talked to different groups, and I've been on different zoom meetings and different—I've been on NPR a couple times. You get guys asking you, that kind of thing. But yeah, I have my neighbors asking me about it and what I thought about it. I even had them ask me about the shot. A lot of them thought the shot was containing the COVID virus, but it's not. It's like a protein. So it doesn't contain the virus at all. So that's the big question right now. I got people asking me all the time, "You got the shot. That has the virus in it, doesn't it?"

I'm like, "No, it's not like the flu shot. It's a different shot. It has a protein based thing and it works to help eat the COVID." But yeah, I've had to ask or answer a lot of questions. Even the pastor around the corner from the—I live here at church that's like right around the corner here. And he lives in the house right near the church. And he's—I talk to him all the time. His name's Grant. And he was really, really asked me a lot of questions when this first came out because he's got a whole congregation he's got to worry about. So you get city leaders and stuff like that and different people asking you about this and I have football coaches that I'm friends with, and they're asking me the same kind of questions because, when we do go back, he's got to worry about 55 kids.

CONOR 00:43:53: One of the things that happened—and maybe it's because there is a bunch of downtime that coincided with this was there was that big wave of civil rights protests of Black Lives Matter that happened during the spring and summer. And I know UFCW took a stand on this. I was just wondering whether—if you participated, what your thoughts were on that movement.

ROBERT 00:44:14: I didn't participate at all because I was really involved with other things. With me being part of the group that came out against the hospital, I was more involved in that going on than I could get involved. I already had enough on my plate that I really didn't get involved in the other stuff. But I've watched— You keep an eye on and everything, but, like I say, I had so much going on with my health care stuff and with the negotiations going on, and with our union trying to help people get PPE and stuff, I just had too much on my plate to help get involved in that.

CONOR 00:44:51: Right, because you're doing negotiations when you're not working, right? Like you have to do that as your second shift.

ROBERT 00:44:56: Yeah.

CONOR 00:44:56: Wow, yeah. The next couple questions are kind of big picture ones and I wonder if you could reflect on how you think life will be different after this.

ROBERT 00:45:10: I think people are gonna be more aware of social diseases and stuff, pandemics and stuff. I think people are gonna start worrying because there's always been a— If you look at it, there's

been some kind of pandemic in every decade. You had SARS, different things like that, polio back in the day. And so I think people were kind of like, Hey, this isn't really—you have people thinking, Well, COVID is just a joke. It's something that the government thought up or something, I think the bigger picture is, people now know, it's not a joke. And I think they're going to be more aware when the government says, Hey, there's something coming out and coming at 'ya. *(beeping offscreen)* Because you still have people second guessing this and all kinds of stuff. But I think the bigger picture is: I think we're gonna get more people thinking ahead of time about pandemics and how to work through it. I definitely am going to—it affected me and my culture and my lifestyle big time, because I'm right in the middle of it being in healthcare.

CONOR 00:46:17: What surprised you the most about this time?

ROBERT 00:46:26: *(pauses)* It surprised me that people really didn't think it was real. And, at the beginning, I didn't think it was real, either. I just didn't know if it would come and hit us because it was back where it came from, and everything spread so fast. I think that, in the future, I'm not gonna second guess that. I'm just going to go with it. I know my daughter—right now, she kind of works in the health field over there, she works as an EMT firefighter. And when she heard I was getting the vaccine shot, she was like, No, don't get them, and I researched it, and everything. I talked to my doctor, I talked to my pharmacist, but she's seeing what people are putting on Facebook, and different media sources and Twitter, It's going to give you Bell's Palsy, or it's going to make it so you're going to have a stroke or something— It's making me think about what I'm going to do beforehand, and really research stuff before I do it. And it's getting you to think more. And I think that's helping out.

CONOR 00:47:39: Has there been any positive experiences that you can think of?

ROBERT 00:47:42: *(pauses)* A lot of it's negative, because ,like I said, you're not getting out on — The positive is now I have a light at the end of the tunnel, that football is going to start back up, and we're gonna start getting kids back into school, hopefully, and get people out there. And it's gonna start turning back into a normal life again, possibly. It might not be fully back to a normal life, but it's starting to— You're starting to see the end of the tunnel of this. We know what's going on. We know how it's affected. Now, we know we have a couple vaccines that are working. And yeah, they're not all the way accredited, I guess. I know the CDC says, Yes, it's approved, but it's not actually approved. It's just, it's approved by an emergency kind of thing. So I see how— If they can improve the vaccines and stuff and make sure that we're getting the vaccines, I see the light at the end of the tunnel. So the positive part is I know that we're not totally near the end of this, but things are starting to become normal again, which is pretty nice.

CONOR 00:48:54: Rob, are there any other thoughts that you'd like to share? Is there any questions I should ask you that you think should be covered? Or people should know?

ROBERT 00:49:06: No, not really. I just think that this is a great experience that this archive thing is—that when someone 20 years down the road wants to see about this big pandemic, they can actually go some record like this and actually see and hear what an actual healthcare worker, a grocery worker, a truck driver, anybody like that—they can see their experiences and see how COVID really affected people. Because they're going to have a pandemic in 20 years that we're not going to know about, and they're going to go through the same thing, and maybe this can help them get through their pandemic, since we've had this big one now. I mean, I'm 51 years old, and this is the first— SARS wasn't even this big and everything. Now, this is this big, huge, and to live through this is an experience, and it's just going to help people down the road because now they know that there was a big pandemic, you know, in [2020 and 2021] and they have an archive for it like to go back and look at stuff to see how they got through it.

CONOR 00:50:09: Well, thanks for giving us the gift of your story and your time. Really appreciate it.

ROBERT 00:50:13: Yeah, thank you.

CONOR 00:50:15: Yeah. And if it's okay with you—